

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36416

State File No. _____
Registrar's No. **9941**

NOV 13 1952

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1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS	c. LENGTH OF STAY (in this place) (Specify township) 4 WKS	c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2029	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7058 LANSDOWN		d. STREET ADDRESS (If rural, give location) 6204 RHODES AVE	

3. NAME OF DECEASED (Type or Print) a. (First) ROSE b. (Middle) GREEN c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) 10-28-52		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JAN-20-1885	9. AGE (In years last birthday) 67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) KIRKWOOD, MO		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME FERDINAND HOCH	13b. MOTHER'S MAIDEN NAME MARY ROLFF	14. NAME OF HUSBAND OR WIFE HOWARD GREEN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS R BYRNE	ADDRESS 6204 RHODES
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardio-vascular disease		
	DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Exfoliative dermatitis cause unknown			1 year

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201
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22. I hereby certify that I attended the deceased from **Jan 30, 1952**, to **Oct 28, 1952**, that I last saw the deceased alive on **Oct 27, 1952**, and that death occurred at **5:15 PM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lewis Littmann MD	23b. ADDRESS 8231 Clayton Rd (17)	23c. DATE SIGNED 10/28/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 10-30-52	24c. NAME OF CEMETERY OR CREMATORY FRIEDENS CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO
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DATE REC'D BY LOCAL REG. OCT 29 1952	REGISTRAR'S SIGNATURE J. C. Smith	25. FUNERAL DIRECTOR'S SIGNATURE W. Parker Aldrich	ADDRESS 7. Home, Webster Groves MO.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Leticia Balch

Licensed Embalmer No. *4395*

P. O. Address *Helster Grove W*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.